

Case Number:	CM15-0100537		
Date Assigned:	06/04/2015	Date of Injury:	06/27/2005
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old female who sustained an industrial injury on 01/27/05. Initial complaints and diagnoses are not addressed. Treatments to date include medication and epidural steroid injections. Diagnostic studies are not addressed. Current complaints include right radicular pain. Current diagnoses include lumbar spinal stenosis. In a progress note dated 05/12/14, the treating provider reports the plan of care as a right S1-2 transforaminal epidural steroid injection. The requested treatment is a L4-5 epidural steroid injection and electrodiagnostic studies of the bilateral arms.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Epidural Steroid Injection (ESI) L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines Epidural Steroid Injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The essential criteria for the use of Epidural steroid injections is the following: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the records do not document evidence of a radiculopathy. The patient's motor, sensory and deep tendon reflexes are described as normal. There is no description of a dermatomal distribution of the patient's symptoms. Without evidence of a radiculopathy, an Epidural Steroid Injection is not medically necessary.

EMG of the Bilateral Arms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Wrist/Hand/Arm Section: Electrodiagnostic Testing.

Decision rationale: According to the Official Disability Guidelines EMG is an electrodiagnostic medicine technique for evaluating the electrical activity produced by skeletal muscles. Electrodiagnostic studies are not perfect. There are still false positives and false negatives, which is why a physician is needed to correlate electrodiagnostic study results with the history, physical examination and or response to previous treatments. If the purpose of EDX is to confirm a diagnosis such as CTS, then only the NCT is usually required, because most patients, especially in workers' comp, present soon after the onset of their symptoms. Therefore, the nerve entrapment has not been presented long enough to result in changes to the muscles, and the NCT will show early conduction delays, but the EMG will be normal. At this point, EMG has little value, adds significant costs, and most patients prefer not to be stuck with needles multiple times. However, if the patient has demonstrated muscle loss, has an injury with long-term symptoms, or the clinical examination is unclear, then the EMG is appropriate. As far as what conditions are appropriate for EDX, they include any musculoskeletal condition or diagnosis that involves nerve or muscle dysfunction. A common list would include upper extremity (carpal tunnel syndrome, cubital tunnel syndrome, pronator teres syndrome, radial nerve wrist and elbow, & ulnar nerve wrist); polyneuropathies (diabetic polyneuropathy, acute demyelinating polyneuropathy (Guillain-Barr syndrome), chronic inflammatory demyelinating polyneuropathy,

and toxic, metabolic, drug-induced polyneuropathy); spine (cervical radiculopathies, lumbosacral radiculopathies, and spinal stenosis); lower extremity (tarsal tunnel syndrome, tibial nerve, peroneal nerve, sural nerve); and generalized disorders (disorders of neuromuscular transmission, e.g., myasthenia gravis, myopathies, and motor neuron disease. i.e., ALS). In this case, the records do not document evidence of a radiculopathy or of a myopathic process. The patients motor, sensory and deep tendon reflexes are described as normal. There is no description of a dermatomal distribution of the patient's symptoms and there is no documented evidence of muscle atrophy. Without evidence of any abnormal findings on examination, the request is not medically necessary.